

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/088417

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	3					
5	8					
6	9					
7	8					
8	9					
9	8					
10	9					
11	8					
12	9					
13	8					
14	9					
15	1					
16	0					
17	8					
18	9					
19	8					
20	9					
21	8					
22	9					
23	8					
24	9					
25	8					
26	9					
27	8					
28	9					
29	8					
30	9					
31	8					
32	9					
33	8					
34	9					
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	24					
TOTAL DEP.	34					
TOTAL CLAIMS	58					

*	IND.	DEP.	*	IND.	DEP.	*
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						